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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DEPARTMENT OF COMMERCE **Application Number** 10/655,236 Filing Date TRANSMITTAL September 3, 2003 First Named Inventor **FORM** Ruolin Li Art Unit 2883 **Examiner Name** Christopher M. Kalivoda (to be used for all correspondence after initial filing) Attorney Docket Number

Total Number of Pages in This Submission 17 / Morney Secret Number 42P16213x										
		EN	NCLOSURES (Check	all that apply	v)					
	nsmittal Form (2 copies) Fee Attached		Drawing(s) (3 sheets, 6 fig	ures)		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences				
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Ren	Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on marks	e Address		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):				
	SIGNA	TURE	E OF APPLICANT, ATT	ORNEY, C	R AG	ENT				
Firm Name Signature	Blakely, Sokoloff, Taylor & Zafmah LLP									
	1 (MOX)	///U		<u>-</u>						
Printed name	Printed name John Patrick Ward									
Date	March 16, 2005			Reg. No.	40,21	16				
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For F	Y 2005	F	First Named Inve	entor Ruolin Li	Ruolin Li								
Applicant claims small entity	status. See 37 CFR 1.27	_	Examiner Name		Christopher M. Kalivoda								
			Art Unit	2883									
TOTAL AMOUNT OF PAYMENT	(\$) 1,020.00		Attorney Docket	No. 42P1621	42P16213x								
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
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information and authorization on PT													
FEE CALCULATION													
1. BASIC FILING, SEARCH,													
FI.	LING FEES Small Entity	SEAR	CH FEES Small Entity	EXAMINATION Small	N FEES Entity								
Application Type Fee		Fee (\$)	Fee (\$)		e (\$)	Fees Paid (\$)							
Utility 30	00 150	500	250	200 10	00 _								
Design 20	00 100	100	50	130	55 -								
Plant 20	00 100	300	150	160 8	- 30								
Reissue 30	00 150	500	250	600 30	00 –								
Provisional 20	00 100	0	0	0	0 –								
2. EXCESS CLAIM FEES						Small Entity Fee (\$) Fee (\$)							
Fee Description Each claim over 20 or, for Rei	ssues, each claim over	20 and	more than in th	e original pater	nt	50 25							
Each independent claim over 3													
Multiple dependent claims						360 180							
<u>Total Claims</u> <u>Extra</u> - 20 or HP =	Claims Fee (\$)	<u>Fee Paid (\$)</u>		Multiple Depen Fee (\$)	dent Claims Fee Paid (ve)							
HP = highest number of total claims	paid for, if greater than 20	**		<u> </u>	ree raid (का							
	Extra Claims Fee (\$)		Fee Paid (\$)										
- 3 or HP = HP = highest number of independent	t claims paid for, if greater than	3											
3. APPLICATION SIZE FEE													
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	<u>a Sheets</u> / 50 =			r fraction thereof hole number) x		Fee Paid (\$)							
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4. OTHER FEE(S) 1) Extension for response within third month (Fee Code 1253) 1,020.00													
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SUBMITTED BY Registration No. 40 246 Telephone 409 420 9200													
(Attorney/Agent) 40,216 7557555 406-420-6300													
ame (Print/Type) John Patrick Ward Date March 16, 2005													

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